

Appendix A — Tracking Health Problems and Outcomes

Background

The 1995 Public Health Improvement Implementation Act (RCW 43.70.580) directs the Department of Health to “identify, as part of the public health improvement plan, the key health outcomes sought for the population and the capacity needed by the public health system to fulfill its responsibilities in improving health outcomes.” Key health outcomes are defined as “those health problems, conditions and risk factors where public health should be directing resources and action to improve the over-all health of the state population.”

Action Plan

The Department of Health will:

- Complete updating of the list of reportable diseases and conditions in WAC and review environmental health indicators.
- Involve many people in the selection of the core set of indicators to be tracked by state and local public health agencies. Draw upon the “Healthy People 2010” objectives, *The Health Of Washington State*, and local health assessments in selecting the indicators.
- Identify state level targets for the core indicators.
- Set up routine data collection systems and report state and local results on a regular basis. Issue a “health report card.”

Timeline

Select indicators by December 1999. Publish initial report card by December 2000.

Appendix B — Setting Standards for Public Health Protection

Background

The public health improvement laws call for the creation of minimum standards for local health agencies (1993) as a basis for performance based contracts between state and local jurisdictions (1995).

Action Plan

The Department of Health, working with state and local agencies, will:

- Develop and adopt minimum performance standards for local health jurisdictions and the state Department of Health.
- Use these standards as a basis for contracts between the state and local health departments by the year 2000.
- In years following, use the standards as a basis for certifying that local health departments meet required standards.

Content

Measurable standards will be created for each of these areas:

- Community Health Assessment
- Communicable Disease Prevention
- Environmental Health Protection
- Community Health Promotion: Families, children, teens, community
- Assuring Health Services Access and Quality

Timeline

Develop by June 1999; broad review by October 1999; in contract for Year 2000.

Principles

- Performance Standards will represent the level of public health protection that all citizens have a right to expect.

- Performance Standards will be used to describe what *every* local health jurisdiction and the state Department of Health must be able to *do* and how their performance can be measured or demonstrated.
- Performance Standards statements will be clear and simple, not technical.
- Performance standards will not be used to replace existing RCWs or WACs.

Format for Example

One example follows. It was created by a subcommittee of local and state health officials. It is offered only to illustrate the level of detail intended for minimum set of standards and the ways that meeting the standards could be measured. The standards will receive broad review and revision. The key idea of each standard is in **bold**

Example Only

3. **Investigate and respond** to each reported case of a notifiable condition.

- Written protocols define steps to identify the source and possible exposures.
- Laboratory services are readily available.
- Up-to-date protocols define how to handle specimens, contact individuals, trace contacts, and follow-up treatment.
- Staff records, or contract arrangements, confirm that needed expertise is available.
- Protocols define clear notification steps for state offices and others involved in investigation.

4. **Manage cases** of notifiable conditions.

- Protocols define how to manage notifiable conditions.

- Records demonstrate protocols are followed.
- Trained staff are available to manage cases.

5. **Assume authority** needed for outbreak control.

- Protocol defines how to contact all local medical providers rapidly.
- Up-to-date lists are maintained of schools, medical providers, restaurants, hospitals, water system operators, law enforcement agencies, local media, and state program contacts.
- An emergency response plan lists personnel to assume authority, in order by availability.
- Responsibilities for personnel when an outbreak occurs are outlined.
- A health officer is available for contact at all times.

- Contract or personnel roster indicate that trained staff are available to intervene rapidly.

6. Implement **community education** programs needed for outbreak control, other emergency response, and to allay citizens' concerns.

- Up-to-date list of media contacts is maintained.
- A distribution plan for community notification exists.
- Fact sheets (including Web sites) for frequently asked questions are available.

7. Carry out **individual education** for people exposed to a communicable disease.

- Contract or personnel roster indicate that trained staff are available.
- Protocol defines individual education, screening, and prophylaxis for exposed persons.

8. Ability to carry out **enforcement** procedures for specific threats that derive from the environment or from individual behavior.

- Procedures for enforcement actions are written, approved by Board of Health, and maintained.
- Responsibilities of law enforcement and health jurisdiction staff are written and shared with law enforcement agencies.
- An attorney is available to assist with preparation of court orders.
- A health officer is available for contact at all times.

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